



County Mental Health Services for SED Treatment Report

Children enrolled in the Healthy Families Program (HFP) receive basic mental health services through participating health plans. This includes 20 outpatient visits and 30 inpatient mental health days per benefit year. For children without Serious Emotional Disturbances (SED) but are diagnosed with Severe Mental Illnesses (SMI), health plans must provide inpatient and outpatient services with no visit limits. Examples of SMI include: schizophrenia, autism and anorexia nervosa.

Children with SED, as defined in Welfare and Institutions Code Section 5600.3(a)(2), are referred to the county mental health program for treatment. The county mental health program coordinates the delivery of mental health services with HFP participating health plans for children who meet the criteria of SED. County mental health programs provide mental health treatment services directly or through contracts with private organizations and individual mental health providers. The requirements for county mental health program provider selection and quality improvement for these mental health services are consistent with those used for the Medi-Cal program.

To ensure coordination of care for HFP subscribers who are eligible for SED services, a model Memorandum of Understanding (MOU) was developed by the Managed Risk Medical Insurance Board (MRMIB) for use by HFP participating plans and county mental health programs.

The MOU describes a common set of responsibilities for HFP participating plans and county mental health programs. Plans participating in the HFP are required to submit an MOU that has been signed by a plan official and a county mental health program official. Individual MOUs are required for each of the counties in which the plan participates in the HFP. Once

signed, the MOUs remain in effect until the plan ceases to participate in the HFP.

Of the 211 MH MOUs that were required for all plans for the 2000/2001 benefit year, 184 MOUs have been received by MRMIB. The outstanding MOUs are the result of delays in either a plan and/or a county signing the MOUs. Factors that have lead to these delays include: 1) some counties requiring a formal contract as a condition of signing the MH MOUs, 2) requests by some counties or HFP plans to make revisions to the MOU, and 3) the need to blend county policies and procedures with plan operational policies and procedures. Several meetings were held between the State (MRMIB) and Department of Mental Health (DMH), the California Institute for Mental Health (CIMH), participating plans and county mental health programs to resolve operational differences which presented a barrier to obtaining signatures for the MOUs. The meetings also facilitated discussions on coordination of plan and county services.

The DMH and CIMH have served a key role in the development and implementation of the SED referral process. DMH provides oversight, evaluation, and monitoring of the local county mental health departments. DMH is also responsible for liaison with county mental health departments on a variety of issues related to California's public mental health system, including general public health care policy as it impacts the public mental health system.

The CIMH, founded by the local mental health directors, "promotes excellence in mental health services" through training, technical assistance, research and policy development, and collaborates with all mental health system stakeholders, including consumers and family members. In 1999, through funding from the David and Lucille Packard Foundation, CIMH established the CIMH "Implementing Healthy Families Project" in

recognition of the opportunity offered by the HFP to serve children who have not previously had adequate access to mental health (and alcohol and other drug services). One of the projects, the HFP SED Benefit Brochure, was developed by CIMH in collaboration with county mental health departments' staff, health plans participating in the HFP, DMH, and staff from MRMIB.

This report provides data on the number of children and dollars spent on HFP SED services.

Overview of SED Treatment Services in the HFP

What is SED?

According to the California Welfare and Institutions Code Section 5600.3(a) (2), "seriously emotionally disturbed children or adolescents" (SED) are minors who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of mental disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.

In the HFP, children are eligible for SED services provided by local county mental health programs. HFP participating plans are required by their contract with MRMIB to refer children who are suspected to have SED to county mental health programs for treatment. The referrals are made pursuant to the MOU between the two organizations, for treatment of SED. County mental health programs provide mental health services directly or through contracts with private organizations and individual providers.

Who qualifies for SED treatment services through the county mental health programs?

HFP children qualify for SED services if:

1. They have a mental disorder as defined in the most recent edition of The Diagnostic and Statistical Manual of Mental Disorders
2. They do not have a primary drug or alcohol substance abuse problem or developmental

disorder which results in behavior that is not normal for their age

3. They have a problem in more than one of the following areas:
 - Taking care of themselves
 - Doing well in school
 - Getting along in the family
 - Ability to function in the community
4. Either of the following exists as a result of the mental disorder:
 - The child is at risk of removal from home or has already been removed from the home
 - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment
5. The child displays one of the following
 - Sees or hears things that aren't there
 - Has very unusual behavior
 - Threatens or tries to hurt himself or others

What services are available?

County mental health programs provide the following services:

- **Outpatient Services**

Day Treatment Services
Mental Health Services
Day Rehabilitation Services
Crisis Intervention
Crisis Stabilization
Medication Support Services

- **Inpatient**

Acute Psychiatric Inpatient Hospital Services
Psychiatric Health Facility Services

- **Partial Hospital**

Crisis Residential Treatment Services
Psychiatric Health Facility Services

- **Prescription Drugs**

Referrals

The contract between MRMIB and each HFP participating plan requires the plan to refer children suspected of having SED to the appropriate county mental health program. Table 1 below shows the number of SED referrals that were reported by participating plans during the 2000/01 benefit year (July 00-June 01). **This table includes only those children who were referred to a county mental health program from a HFP participating plan.** Referrals of HFP children to county mental health programs may come from other sources such as self-referrals, referrals from families or other community resources such as schools. Therefore, the total number of HFP subscribers who were referred to a county mental health program for SED services during the 2000/2001 benefit year is underrepresented in this report.

Table 1

SED Referrals		
HFP Participating Plan	Total MH Referrals for 2000/2001 Benefit Year	Referrals as % of Total Plan Enrollments as of 6/30/01
Alameda Alliance for Health	29	0.5%
Blue Cross (HMO and EPO)	304	0.2%
Blue Shield (HMO and EPO)	14	0.05%
CalOPTIMA Kids	1	0.005%
Care 1st Health Plan	0	0.0%
Central Coast Alliance for Health	7	0.6%
Community Health Group	126	1.0%
Community Health Plan	28	0.1%
Contra Costa Health Services	37	2.0%
Health Net	40	0.06%
Health Plan of San Joaquin	56	0.8%
Health Plan of San Mateo	4	0.5%
Inland Empire Health Plan	22	0.1%
Kaiser Permanente	0	0.0%
Kern Family Health Care	7	0.1%
L.A. Care Health Plan	21	0.3%
Molina Healthcare	9	0.1%
San Francisco Health Plan	82	1.50%
Santa Barbara Regional Health Authority	71	5.0%
Santa Clara Family Health Plan	90	1.10%
Sharp Health Plan	6	0.04%
UHP Healthcare	1	0.05%
Universal Care	12	0.2%
Ventura County Health Care Plan	53	1.80%
TOTAL	1,098	0.24%

HFP SED Children

Table 2

SED Children				
County	# of Enrollees as of 6/30/01	% of Enrollees as of 6/30/01	# of HFP SED Children	SED Children as % of County Enrollees
Alameda	9,124	2.0%	10	0.1%
Amador	330	0.07%	0	0.0%
Alpine	9	0.001%	0	0.0%
Butte	2,549	0.5%	49	1.9%
Calaveras	413	0.09%	0	0.0%
Colusa	997	0.2%	0	0.0%
Contra Costa	5,081	1.1%	12	0.2%
Del Norte	265	0.06%	1	0.4%
El Dorado	1,514	0.3%	24	1.6%
Fresno	13,203	2.9%	36	0.3%
Glenn	859	0.2%	0	0.0%
Humboldt	1,329	0.3%	13	1.0%
Imperial	2,821	0.6%	0	0.0%
Inyo	150	0.03%	0	0.0%
Kern	11,642	2.5%	290	2.5%
Kings	2,068	0.4%	8	0.4%
Lake	1,036	0.2%	14	1.4%
Lassen	250	0.05%	0	0.0%
Los Angeles	140,378	31%	587	0.4%
Madera	2,328	0.5%	30	1.3%
Marin	1,509	0.3%	18	1.2%
Mariposa	250	0.05%	10	4.0%
Mendocino	1,594	0.3%	0	0.0%
Merced	4,621	1.0%	33	0.7%
Modoc	97	0.02%	0	0.0%
Mono	267	0.06%	0	0.0%
Monterey	8,377	2.0%	0	0.0%
Napa	1,249	0.3%	0	0.0%
Nevada	1,319	0.3%	32	2.4%
Orange	43,962	10%	0	0.0%
Placer	1,744	0.4%	0	0.0%
Plumas	191	0.04%	0	0.0%
Riverside	27,431	6.0%	109	0.4%
Sacramento	9,614	2.0%	72	0.7%
San Benito	957	0.2%	0	0.0%
San Bernardino	30,112	6.5%	110	0.4%
San Diego	37,337	8.1%	99	0.3%
San Francisco	9,209	2.3%	171	1.9%
San Joaquin	10,524	2.3%	98	0.9%
San Luis Obispo	2,959	0.6%	14	0.5%
San Mateo	3,664	0.8%	51	1.4%
Santa Barbara	5,136	1.1%	42	0.8%
Santa Clara	12,049	3.0%	0	0.0%
Santa Cruz	2,968	0.6%	23	0.8%
Shasta	3,385	0.7%	44	1.3%
Sierra	18	0.003%	0	0.0%
Siskiyou	560	0.12%	2	0.4%
Solano	2,814	0.6%	21	0.7%
Sonoma	5,413	1.1%	22	0.4%
Stanislaus	6,096	1.3%	62	1.0%
Sutter/Yuba	2,937	0.6%	4	0.1%
Tehama	980	0.2%	18	1.8%
Trinity	301	0.06%	7	2.3%
Tulare	8,438	1.8%	77	0.9%
Tuolumne	637	0.1%	0	0.0%
Ventura	10,437	2.3%	0	0.0%
Yolo	1,884	0.4%	0	0.0%
Total	457,386	100%	2,213	0.5%

Data Source: Department of Mental Health Short Doyle /Medi-Cal Claims for Unduplicated Clients by Services Date, by Fiscal Year, and Across Both Fiscal Years 2000-2001.

As of 6/30/01, over 2,200 children enrolled in the HFP have received SED services through the county mental health programs. This represents .5% of the total HFP population.

The counties that served the largest number of HFP SED children are Los Angeles (587), Kern (290), San Francisco (171), San Bernardino (110) and Riverside (109).

Expenditures for SED Services

SED related services have increased steadily over the last 3 years. Expenditures totaled \$8.4 million. Sixty-six percent Federal and thirty-four percent county revenues are used to pay for SED services provided to children enrolled in the HFP. If HFP funding was not available, counties would have total responsibility for the cost of SED services.

Chart 1 shows the HFP SED claims for each state fiscal year. The 9H claims code pertains to claims paid for children already enrolled in the HFP. The 7X claims code reflects claims paid for children during the transition period from Medi-Cal to HFP eligibility.

Note: Claims are based on date of service, not on date invoices are paid.

Chart 1

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Expenditures by County

Table 3

SED Claims Paid To Counties

County	7/1/99-6/30/00		7/1/00-6/30/01		Total Claims Paid 1999-2001
	9H	7X	9H	7X	
Claims Code	9H	7X	9H	7X	
Alameda	\$25,766	\$447	\$51,178	\$1,015	\$78,406
Amador	0	0	0	0	0
Alpine	0	0	0	0	0
Butte	\$160,896	\$4,223	\$165,939	\$3,916	\$334,974
Calaveras	0	0	0	0	0
Colusa	0	0	0	0	0
Contra Costa	\$1,336	\$5,306	\$21,035	\$3,869	\$31,546
Del Norte	0	0	\$234	0	\$234
El Dorado	\$19,294	0	\$34,951	\$1,774	\$56,019
Fresno	\$3,350	\$369	\$47,707	0	\$51,426
Glenn	0	0	0	\$156	\$156
Humboldt	\$4,340	0	\$35,096	\$402	\$39,838
Imperial	0	0	0	\$1,197	\$1,197
Inyo	0	0	0	0	0
Kern	\$275,916	0	\$850,124	\$21,214	\$1,147,254
Kings	0	\$94	0	\$1,350	\$1,440
Lake	\$2,519	0	\$60,450	\$1,069	\$64,038
Lassen	0	0	0	\$123	\$123
Los Angeles	\$190,431	\$3,407	\$1,221,443	\$1,641	\$1,416,922
Madera	\$410	0	\$71,197	\$4,570	\$76,177
Marin	\$56,705	\$467	\$63,467	\$1,612	\$122,251
Mariposa	\$11,592	0	\$8,460	0	\$20,052
Mendocino	\$1,379	\$1,219	0	\$3,002	\$5,600
Merced	0	0	\$84,922	\$1,242	\$86,164
Modoc	0	0	0	0	0
Mono	0	0	0	0	0
Monterey	0	0	0	\$119	\$119
Napa	0	0	0	0	0
Nevada	\$23,002	0	\$53,942	\$1,245	\$78,189
Orange	0	\$17,030	0	\$6,952	\$23,982
Placer	0	0	0	\$100	\$100
Plumas	0	0	0	0	0
Riverside	\$137,208	\$1,111	\$217,876	\$330	\$356,495
Sacramento	\$198,075	\$383	\$218,562	\$6,639	\$423,659
San Benito	0	0	0	0	0
San Bernardino	\$132,200	\$792	\$192,405	\$1,032	\$326,429
San Diego	\$21,669	\$2,769	\$53,820	\$3,364	\$81,622
San Francisco	\$448,062	\$907	\$684,437	\$159	\$1,133,565
San Joaquin	\$130,333	\$740	\$213,786	\$2,721	\$347,580
San Luis Obispo	\$5,290	\$14,618	\$39,982	\$4,584	\$64,474
San Mateo	\$117,544	0	\$209,084	0	\$326,628
Santa Barbara	\$226,163	\$2,552	\$172,629	\$2,049	\$403,393
Santa Clara	0	\$1,571	0	\$1,430	\$3,001
Santa Cruz	\$124,956	\$2,025	\$244,383	\$6,184	\$377,548
Shasta	\$1,405	0	\$68,158	0	\$69,563
Sierra	0	0	0	0	0
Siskiyou	0	0	\$2,226	\$277	\$2,503
Solano	0	0	\$82,466	0	\$82,466
Sonoma	\$135,513	0	\$168,467	\$2,987	\$306,967
Stanislaus	\$63,733	\$4,337	\$112,917	\$5,205	\$186,192
Sutter/Yuba	\$749	0	\$2,908	\$541	\$4,198
Tehama	\$5,450	0	\$25,497	\$357	\$31,304
Trinity	0	0	\$6,540	\$162	\$6,702
Tulare	\$64,112	\$694	\$195,692	\$387	\$260,885
Tuolumne	0	0	0	\$1,499	\$1,449
Ventura	0	0	0	\$1,122	\$1,122
Yolo	0	\$74	0	0	\$74
Total	\$2,589,397	\$65,176	\$5,690,458	\$97,596	\$8,442,627

Table 3 shows the HFP SED funds paid to county mental health departments. The counties with the highest SED expenditures as a percentage of total dollars are Los Angeles (17%), Kern (14%) San Francisco (13%), Santa Barbara (4.7%), and Santa Cruz (4.5%).

Expenditures by Type of Service

The types of services provided by county mental health programs for children enrolled in the HFP are as follows:

- **Inpatient** – services provided in an acute hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services (DHS) to provide psychiatric services.
- **Day Treatment** – service provided in an organized and structured multi-disciplinary treatment program as an alternative to hospitalization to avoid placement in a more restrictive setting, or to maintain the client in a community setting.
- **Linkage/Case Management/Brokerage** - activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.
- **Mental Health (MH) Services** – interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhanced self-sufficiency. This includes the following activities: assessment, evaluation, therapy, rehabilitation and plan development.
- **Medication Support** – include prescribing, administering, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness.
- **Crisis Intervention** – A crisis is an unplanned event that results in the client's need for immediate service intervention. Crisis intervention is a quick emergency response service which enables the client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible.

Claims Paid by Type of Service

Tables 4 and 5 show the breakdown of HFP/SED expenditures paid by type of service for benefit years 1999-2000 and 2000-2001.

The majority of claims paid for HFP/SED children for benefit years 1999-2000 (76%) and 2000-2001 (74%) are for mental health services. Mental health services include activities such as assessment, evaluation, therapy, rehabilitation and plan development.

Table 4

SED Claims Paid by Type of Service for Benefit Year 1999-2000

Type of Service	Claim Code 9H	Claim Code 7X	Total Dollars Paid	Claims as % of Total Dollars
Inpatient	\$30,290	\$1,450	\$31,740	1.1%
Day Treatment	\$165,816	\$4,352	\$170,168	6.4%
Linkage/Brokerage	\$179,760	\$4,912	\$184,672	6.9%
Mental Health Services	\$1,968,960	\$47,740	\$2,016,700	75.9%
Medication Support	\$188,395	\$5,610	\$194,005	7.3%
Crisis	\$56,176	\$1,112	\$57,288	2.1%
Total	\$2,589,397	\$65,176	\$2,654,573	100%

Table 5

SED Claims Paid by Type of Service for Benefit Year 2000-2001

Type of Service	Claim Code 9H	Claim Code 7X	Total Dollars Paid	Claims as % of Total Dollars
Inpatient	\$56,138	\$2,321	\$58,459	1%
Day Treatment	\$327,391	\$7,159	\$334,550	5.8%
Linkage/Brokerage	\$423,098	\$6,244	\$429,342	7.4%
Mental Health Services	\$4,226,253	\$68,745	\$4,294,998	74.2%
Medication Support	\$482,718	\$8,490	\$491,208	8.4%
Crisis	\$174,860	\$4,637	\$179,497	3.1%
Total	\$5,690,458	\$97,596	\$5,788,054	100%

Comments:

The data in Tables 1 and 2 indicates that HFP plans and local mental health departments may be missing opportunities to identify children with SED. Only 1/2 of 1% of children in the HFP has been identified as having SED. This is significantly below national estimates of 3-5%*.

MRMIB will continue to work with DMH, CIMH, participating plans and local mental health departments to increase awareness of SED, the services available, billing procedures and coordination issues. MRMIB will work with participating plans to assure pediatricians and other primary care providers are aware of SED benefits.

* State Plan-Healthy Families Program

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Prepared by Nora Nario, RN, BSN – Program Research Analyst II

